

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025978

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

30
FILED JUL 30 1962

Primary Registration District No.

5105

Registrar's No.

46

VS 300
Rev. 4/59

1 0080

2 0150

3

4 0

5 1

6

7 0

8 2

9 X

10

11 008

12 91-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union (Township)</u>		c. CITY OR TOWN <u>Climax Springs</u>	
Length of stay in 1b <u>Minutes</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 Mile West of Climax S.</u>		d. STREET ADDRESS (If outside, give location) <u>R. Route</u>	
3. NAME OF DECEASED (Type or print) First <u>LeRoy</u> Middle <u>Burns</u> Last <u>Burns</u>		4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 18-1926</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11a. FATHER'S NAME <u>John L. Burns</u>		11b. MOTHER'S MAIDEN NAME <u>Velma Rogers</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u>[redacted]</u>	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Left Lung and</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>puncture into heart</u> DUE TO (c) <u>(auto accident)</u>		13b. NAME OF HUSBAND OR WIFE <u>Patricia Burns</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Two car head on accident on U.S.</u>	
20c. TIME OF INJURY Hour <u>7:50</u> p.m. Month, Day, Year <u>July 19, 1962</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 7</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Rural Edwards</u>		
21. I attended the deceased from <u>never</u> to <u>never</u> and last saw him alive on <u>never</u>		21b. ADDRESS <u>Warsaw, Mo</u>	
22a. SIGNATURE (Degree or title) <u>John J. Reser (Benton Co. Coroner)</u>		22b. DATE SIGNED <u>July 23, 1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 22-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs Cemetery</u>	23d. LOCATION (City, town, or county) <u>Climax Springs Mo.</u>
24. FUNERAL DIRECTOR <u>Robert H. Reed, Camdenton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-22-1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Reef

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.